

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010118  
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 24-59

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richwood Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rocky Comfort</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in 1b <b>2 years</b>	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Raymond</b> Middle <b>Richard</b> Last <b>Burk</b>			4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 10, 1902</b>	9. AGE (In years last birthday) <b>57</b>	FUNDER 1 YEAR Months <b>1</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mdse. Broker &amp; Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	11. BIRTHPLACE (City and state or country) <b>Anderson, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David Burk</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Gum</b>		14. NAME OF HUSBAND OR WIFE <b>Vera Capps Burk</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Vera Burk Rocky Comfort, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Self Inflicted Shot Gun</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Wound in Head</b> DUE TO (c) <b>(Suicide)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Self Inflicted</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>976X</b>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. M. Humphrey Jr. Coroner</b>			22b. ADDRESS <b>Noel Mo.</b>		22c. DATE SIGNED <b>3-14-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/16/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Goodman, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Rapp Funeral Home Anderson, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>March 14, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *E. Papp* .....

Licensed Embalmer No. *3458* .....

P. O. Address *Anderson, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.